



2010 Wyoming Chronic Disease Conference Registration Form

Full payment must accompany registration. List your name as you want it to appear on your name tag.

Registration and Payment by Check:

If paying by check, please mail this registration form and your check to: Cheyenne Area Convention and Visitor's Bureau, 121 West 15th St., Suite 202, Cheyenne, WY 82001, Attention: Shantelle.

Please make checks payable to the Cheyenne Area Convention and Visitors Bureau.

Register one person per form. Form may be duplicated.

Name and Job Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

The Wyoming Department of Health is committed to making this conference accessible to all individuals. If you require accommodations to participate in this activity, or require special dietary needs, please check the box. You will be contacted to discuss your specific needs. ☐

Conference Registration Fees:

- Full Conference: \$120 (\$170 after April 23rd, 2010), includes meals, snack breaks, and networking hour
- Non Profit Vendor \$185 (\$235 after April 23rd, 2010), includes vendor table and full conference fee amenities
- For Profit Vendor \$250, (\$300 after April 23rd, 2010), price includes vendor table and full conference fee amenities

Lodging: Rooms rates \$89 - \$109 per night plus tax. To make reservations with the Little America Hotel and Resort in Cheyenne, call toll-free (800) 445-6945, or local (307) 775-8400.